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ABSTRACT

This manual is designed as a resource for elementary and secondary school administrators, counselors, and teachers to help develop a crisis management plan for use in the event of death of a staff member or student through illness, accident, or by suicide. The first section discusses the grieving process. Characteristics associated with grieving are outlined, and other signs and symptoms of grief are described. Information is also provided to help identify individuals who might be at risk for reacting intensely to a death. General information is presented about grief reactions in the young. The second section describes a typical crisis response team. Goals and policies for intervention from the crisis response team are discussed. The third section looks at crisis response management. This section provides points to consider when developing and implementing a crisis management plan. Also provided in this section are an action checklist, classroom pointers for teachers, and questions to assist with evaluation of the crisis management plan. The fourth section discusses the impact of suicide on the school environment. General recommendations are provided for handling such a crisis. Reference sources, a bibliography, and resource lists are included. The appendices include a suicide prevention list; suggestions for a memorial service; and sample staff memo, students' statement, media release, and classroom agendas. (LLL)

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Bereavement and Loss Manual

For
Administrators
and Teachers

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ABOUT THIS MANUAL

This manual is designed as a resource for school jurisdiction administrators, school administrators, counsellors and teachers in Alberta to help them develop a crisis management plan for use in the event of death of a staff member or student, through illness, by accident or by suicide.

The manual has been compiled from crisis management response plans already developed by school jurisdictions and schools in the province for their own use, and from information and suggestions from individuals and organizations involved with loss and bereavement and their effects on the individual.

The information is intended as a guide to understanding bereavement and the possible effects of a death on the survivors in a school environment, and the actions school personnel may take. This manual should not be considered definitive or prescriptive.

INTRODUCTION

During a typical school year in Alberta some schools experience the death of a staff member or student. The initial responsibility of responding to the needs of the survivors often rests with the school administrators, counsellors and teachers. How do they respond? How do they meet the emotional needs of individuals while, at the same time, continue with the school programs?

Unfortunately, there are no set answers to these questions. School staff, however, can prepare themselves for such an experience by gaining understanding about the possible effects on the survivors of a death in a school environment. They can also develop a crisis management plan that is readily adaptable to meet situations should they occur.

Through planning and preparation, school staff become aware of the resources available to them in their schools and communities. They learn how these resources can be contacted, if required. Key participants become familiar with their roles and responsibilities and are prepared to act. Preparation for emergency is the first step toward quick, effective action and successful resolution. By being prepared, school personnel are able to provide support to the bereaved and to encourage emotional health and well-being in the surviving school population.

GRIEVING PROCESS

The natural response of an individual to death is grief. Through the grieving process the individual learns to accept the loss, heals emotionally and readjusts to life. Grieving is a painful process that must be experienced to allow an individual to let go and move on to the future. Failure to grieve may have long-lasting and detrimental psychological effects on the individual.

The important factors in healing are that the individual is encouraged to grieve and that a constructive grieving pattern is begun as soon after the event as possible.

Providing support and encouraging the start of the grieving process lessens the possibility of the individual developing maladaptive patterns of behavior that deny or reject acceptance of the loss.

The grieving process has various characteristics. These include:

1. **Denial** - "It can't be true!" "I don't believe it!" These are initial reactions. This refusal to accept reality may be supported by a refusal to discuss the death.
2. **Bargaining** - This reaction is an effort to re-create events, to change life back to what it was before the death occurred by appealing to all-powerful forces such as God, and/or to parents and other authority figures.
3. **Anger** - Anger follows the initial acceptance of the situation. The individual may respond in anger to the death itself, to the dead person or to authority figures who are perceived as having allowed the death to occur.
4. **Depression** - The individual becomes apathetic, listless. Life seems to have no meaning; nothing seems to matter anymore; the future appears bleak. There is a great sense of loss and desolation.

Grieving Characteristics

5. **Acceptance** - The individual comes to accept the reality of the loss and the feelings that accompany the loss. This is also a time of restructuring and personal growth. The individual begins to look toward the future with the aim of rebuilding life.

There is no set pattern to grieving. Intensity of feeling varies among individuals. The length of time also varies. For some people the grieving process may take years.

The grieving person may move backward and forward, from one expression of grief to another, and with varying emotional intensity, throughout the grieving process.

NOTE: Although these characteristics of grieving are widely accepted, some researchers use other classifications. Others disagree that defined patterns of grieving actually exist.

Other Signs and Symptoms of Grief

Also included in the grieving process are feelings of sadness, guilt, anxiety, irritability and loneliness.

Physical symptoms may include uncontrollable bouts of crying, lack of concentration, indecision, loss of appetite, nausea, sensitivity to external stimuli such as noise, light and temperature, breathlessness, sleep disturbance, physical weakness, digestive upsets, and listlessness or excessive energy.

Initial denial is a natural response to a death as is the need to be alone to absorb the reality. Anger is also a natural response. These responses are healthy mechanisms that help to cushion the impact of the death. In some cases intervention through counselling by trained personnel may be required to help the individual come to terms with reality and to move on into an emotionally healthy future. Intervention may also help to avoid the possibility of suicidal behavior.

If the facts surrounding a death are not explained, the individual, fearing the unknown, may create his or her own fantasies to make the death more acceptable. Truthfulness, in a supportive environment, is essential for the well-being of the grieving individual.

Individuals who may react intensely to a death are those who enjoyed a close or other special relationship (e.g., peer or mentor) with the deceased. Also, individuals who are recovering from an earlier bereavement, those with emotional disruptions due to divorce or family problems, or those with emotional disorders, may have severe reactions to a death. These people are known as "at risk." Their reactions should be noted carefully as they may require special attention or counselling. "At risk" individuals may be members of the school administration, teaching staff, students and/or support staff.

In the case of a suicide death, individuals who may have known about the suicide plan or who might have been involved in a "suicide pact" are definitely "at risk."

Reactions to a death vary according to age. Young children may associate death with ghosts and goblins and may develop a fear of the dark. They often think that situations are reversible, that everything can be returned to what it was. They may also develop a fear of abandonment and worry about their parents' dying or worry about their own death. They may begin to think about life, heaven and life after death. They may even see death as a punishment for some wrongdoing committed by the survivors. Some younger children have little concept of the meaning of death and may equate it with the individual merely moving away.

Adolescents, generally, are at a stage in their development where they move between adult and child-like behaviors. In the event of a death, they may react with unexpected emotional intensity and confusion. They may avoid the reality of the death through excessive denial or withdrawal. They may turn to their peer group to give and receive support and to seek answers to their questions.

Understanding these behavioral responses and developmental stages is essential. Talking about the death will help allay any fears.

Individuals "At Risk"

Grief Reactions in the Young

CRISIS RESPONSE TEAM

A Crisis Response Team (CRT) consists of individuals trained to help survivors with the grieving process. These individuals need not necessarily be part of the school system or of the School Response Team (see p. 9). They may be community members, such as representatives from mental health organizations and agencies, psychologists, psychiatrists, physicians or local clergy. The team may also include school counsellors and care givers from other schools in the school district.

The CRT is formed and in place, ready to respond when a crisis occurs. The goals of the CRT are:

1. to help staff and students begin and understand the grieving process;
2. to identify students and staff who are "at risk," and to provide them with appropriate support to lessen the possibility of post-traumatic stress, depression and other psychological conditions; and,
3. in the case of suicide, to prevent other suicides.

Note: The function of the CRT is to provide immediate crisis intervention support and guidance only. Individuals requiring further counselling should be referred to an appropriate agency.

The onset of a crisis is a stressful time for the school staff. Outsiders who can be objective provide great support to staff who knew the deceased personally. In addition, the presence of the CRT allows school staff to concentrate on maintaining a regular school routine to provide stability and continuity for the students.

CRT intervention is not always required. A careful assessment of the events surrounding a death, and the possible effects on the staff and students will determine whether or not CRT intervention is necessary.

Goals of the Crisis Response Team

Crisis Response Team Intervention

If the CRT is called on, the team may be unfamiliar with such things as classroom locations and telephone availability. It is advisable to assign a staff member to assist the CRT. This person could also provide the CRT with background information on the crisis, provide a list of "at risk" staff and students, and help to arrange interviews.

After the students have been informed of the death by their teachers, the principal, counsellor or other designated staff member should take a CRT member to each classroom and introduce them to the students. The CRT member will speak briefly to the students, answer questions, give the location of the CRT room and invite students to meet with the CRT either individually or in small groups. These classroom visits will also allow the CRT to observe the students' reactions to the situation and to identify those who exhibit signs of being "at risk."

CRISIS RESPONSE MANAGEMENT

Whether a death is due to illness, accident or suicide, it will affect the survivors in some way. The reactions of the survivors, and the future consequences of the death on them, depend on how quickly and effectively the school staff respond to the situation. Immediate action is therefore essential if the staff is to retain leadership and be helpful throughout the crisis.

By developing a crisis management plan and by forming a school response team to carry out the plan, it is easier for staff to respond quickly and effectively to the death of a school member.

A school response team is composed of school staff members who will put a crisis management plan into effect and who will provide leadership during a crisis. Members of the school response team also may be members of the CRT. Part of the team's responsibility is to decide whether or not the CRT should be called in. In the case of suicide, it is strongly recommended that the CRT be called in (see p. 19).

A basic crisis management plan is readily adaptable to any crisis situation and provides direction for the school during a crisis. With such a plan, the school response team will know what their responsibilities are and what is expected of them during a crisis. Valuable time will not be lost through confusion or hesitation and duplication of effort will be avoided. In addition, a plan will cover all contingencies and important factors crucial to a satisfactory resolution will not be omitted.

The death of a school member is a traumatic experience for staff and students. A clear plan for action by the school administration provides stability for its staff when it is most needed.

Crisis Management Plan

A crisis management plan provides guidelines for action during a crisis. An important component of the plan is that it should be flexible to allow for adjustment to individual situations.

The primary objectives of a plan are to ensure that the necessary support is available to the survivors and to ensure a return to regular school activities as quickly as possible.

Involve the school response team members in plan development. They can often provide valuable insights and suggestions.

Points to Consider

Note: Some school jurisdictions have established policies governing a death in a school. These must be referred to by school administrators and staff when a crisis management plan is being developed.

1. What resources are available to you?

Consider all available resources, such as physicians, clergy, organizations (e.g., Family and Community Support Services, local hospitals, mental health clinics, local suicide prevention programs, ambulance services, fire services) in your community as well as within the school.

2. Have any school staff or community members received CRT training?

Many individuals are CRT trained. If there are no trained personnel in your community, can training be arranged?

3. What resources, such as CRT, are available from other schools in your district?

Some schools and school districts have established crisis management plans and may have trained personnel (CRT) willing to assist others, when required.

4. Is it possible to combine your school and community resources with those of other schools and communities in your district?

It is not unusual for effective resources to be available but unknown in communities. Find out what is available in your community and surrounding areas. By pooling your resources and working together you can develop a strong, readily available, effective crisis response team.

Remember: You are not alone. There are other people willing to help you in a crisis.

The purpose of the plan is to allow staff to act quickly and effectively. A prepared checklist (see p. 14) outlines delegation of responsibilities and steps to be taken in the event of a crisis.

Implementing the Plan

Points to Consider

1. Principals should delegate as many tasks as possible so that they:
 - a) can make decisions and be available for consultation, and
 - b) be present and available to staff and students.
2. If the death occurred outside school hours, contact appropriate staff at home and arrange a meeting before classes begin. Include a secretarial staff member to arrange for typing, photocopying etc.
3. Confirm all information before the staff meeting.
4. Contact the school district office.
5. After considering the possible effects of the death on the school personnel decide if the CRT should be called in.
6. Statements prepared for staff and students should outline the facts surrounding the death. This will help dispel rumors and discourage speculation.

7. Classroom teachers inform students of the death. Teachers may recognize from the students' reactions potential "at risk" individuals. PA systems tend to be impersonal and may catch students unawares as they prepare for classes. If possible, inform close friends of the deceased in private before classes start.
8. The school does not speak for the community. It is usually sufficient for the school to acknowledge the death, confirm that the deceased was a member of the school and offer condolences to the family.

Discourage the media from entering school property to interview staff or students or to take photographs. Parent volunteers may wish to help with this task.
9. It is important to maintain regular school activities. Students will need the support of an established routine. Also, maintaining some form of regular routine enables the school to readjust more quickly after the crisis has passed.
10. It is essential that only one person be delegated as the school spokesperson. Under certain circumstances the school superintendent may be requested to accept this task.
11. Secretarial staff should be responsible only for referring calls to the spokesperson. They should not be expected to respond to inquiries about the death.
12. Staff and students should not feel coerced into attending the funeral. Arrangements should be made for school personnel attending the funeral. It may also be necessary to make special arrangements for those remaining in the school.
13. The family of the deceased often feels abandoned and alone. Arrangements should be made for a staff member to contact the family and assure the family members of the school's support. A letter of

condolence and a floral tribute will indicate that the deceased was a valued member of the school. If the family wishes, a donation to an organization specified by the family could be made by the school in lieu of flowers.

It is not essential that the deceased's property be immediately removed from the school. Allow the family members to do this when they are ready. They may prefer that it is done by some other person.

In the case of a suspected suicide, however, it is imperative that the deceased's desk and locker be examined for a possible suicide note or other pertinent information.

14. The decision whether or not to hold a memorial service rests with the school administration. If a school memorial service is to be held, discuss the arrangements with the family and invite the family to attend.

Action Checklist

<u>Action</u>	<u>Assigned To</u>
1. <u>Confirm information</u> - arrange staff meeting - prepare information for staff meeting - advise school district office - arrange for CRT if required	
2. <u>Provide information</u> a) to staff - written statement - roles and responsibilities - school routine - classroom strategies - identify "at risk" students and staff - reassign classroom duties if necessary b) to students - statement to be read by teacher - identify close friends, peers to be advised privately - support information, e.g., CRT, school counsellors - student council information c) statement to students' parents d) statement to other schools	
3. <u>Counselling resources</u> - school response team - CRT contact person - interview room - telephone - classroom visits - grieving room	
4. <u>Inquiries</u> - school spokesperson - news release, if required - telephone assistance - ground patrol, if required	

Action

Assigned To

5. Family of deceased

- contact person
- determine wishes
- family visit - offer assistance
- letter of condolence
- floral tribute
- release of photograph
- deceased's property

6. Commemoration

- funeral attendance
- lowering flag, etc.
- school memorial service

7. Staff Debriefing

First Day

- a) after-school meeting to assess situation
- b) request CRT return for second day, if required

Second Day - School Response Team:

- a) continue support groups and individual interviews
- b) follow-up on "at risk" individuals; contact parents if necessary

Third Day

- a) continue with support

8. Plan Evaluation

- review plan effectiveness

9. Monitoring Reactions

- present and future
- in-school support and counselling
- referrals if required
- parent and community meetings, if required

Classroom Pointers for Teachers

Note: If, for any reason, you feel unable to cope with classroom responsibility at this time, admit it. Discuss your needs with the school principal and the CRT.

1. Talk about "death," "dying" and "dead." Avoid euphemisms such as "passed away."
2. Be honest. Discuss the facts of the death. Discourage speculation.
3. Discuss how you feel. Talk about your memories of the deceased. This will encourage responses from your students.
4. Allow your students to express their grief.
5. Listen to what your students say.
6. Watch your students' actions and reactions. Identify those who may need help.
7. Be supportive and empathetic.
8. Focus on the sadness of the death. Avoid being judgmental or moralistic.
9. Remember the deceased was a human being, with human strengths and failings. Discourage glorification of the deceased.
10. Acknowledge anger and consider whether or not counselling may be necessary to help individuals resolve their anger.
11. Accept that some students will not wish to participate in a discussion about death. Respect their wishes.
12. Organize activities that allow expressions of grief, such as art and writing.
13. Be patient. Grieving takes time.

14. Be prepared for disruptions in classroom routine and reduced student achievement. Reset examination and assignment dates if necessary.
15. There is nothing positive about tragedy. Discourage your students from looking for it.
16. Suffering and pain should not be linked with guilt, punishment or sin. Keep them separate.
17. Establish a classroom environment in which students will feel free to ask questions and receive honest answers.

Remember: You are not alone. There are others to help you.

After a crisis, evaluate your plan with the participants.

Crisis Management Plan Evaluation

1. Was the plan effective? If not, why not?
2. Were the survivors' needs met effectively? Partially? Not at all? What were the problems? How can they be rectified?
3. Were there any areas where further planning would have been helpful? If so, what were they? How could these areas be improved and changes implemented?
4. Did the key participants know their roles and carry out their responsibilities effectively?
5. Was responsibility evenly distributed or were some participants too weighed down to be fully effective? How can responsibilities be redistributed?
6. Based on your experience, what other factors should be considered in modifying your plan?

SUICIDE IN THE SCHOOL ENVIRONMENT

Suicide has a devastating effect on survivors. As well as the effect on the school population and the sense of loss, there is also a very real danger of "cluster suicides"; that is, others emulating the deceased.

Why this occurs is not fully understood but it is recognized that cluster suicides can, and do, happen. It is important that a school responds immediately to the situation and in the case of suicide, it is strongly recommended that the CRT be called in to provide support and guidance at the onset of the crisis.

Alert the staff as quickly as possible and initiate the school's crisis management plan.

The CRT has a vital role in supporting both staff and students. It is advisable to delegate leadership to the team and for school staff to take direction and guidance.

Close friends of the deceased should be informed of the death in private before the rest of the school is notified.

Should any staff members be unable to provide support to the students, for any reason, arrangements should be made for other staff to assume their responsibilities.

A brief statement providing the known facts and a message of condolence should be read to the students in their classes to dispel any rumors and/or conjectures.

Avoid glorification or condemnation of the deceased's action. Focus on the tragedy, the loss of life, the sadness that the deceased could see no other options. Also focus on the fact that many other options are available for people in distress. Talk about other ways of coping.

Discuss the facts. Allow the students to respond with their own thoughts and feelings.

Discuss the feelings of guilt survivors often feel after a suicide. Talk about hindsight, emphasizing that no one is to blame for the death.

Listen to what the students say. Watch their reactions carefully for possible "at risk" individuals.

Encourage students to stay in a large group. Discourage them from forming small groups or from leaving the classroom.

Refer "at risk" individuals to the CRT. Group counselling may also be necessary.

It is important in the succeeding days to maintain a regular school routine but allow time for discussion if necessary.

Recognize that there will be reduced activity and lack of concentration. Reschedule tests and examinations for a later date if possible.

Encourage those who wish to attend the funeral to do so.

Keep the memorial service simple if one is to be held. Discourage a special event, such as a tree planting ceremony or "retiring a sweater," as these gestures may be seen by some individuals as glorification of the suicide act and encourage other suicides.

If family or friends persist in requesting a special gesture, explain that these desires are a normal part of the grieving process. Suggest that any money collected be given to the family to help with funeral expenses or be donated to a community organization.

Families often feel isolated or ostracized after a suicide. A visit from the school principal, counsellor or other staff members will reassure the family of the school's support. The initial visit could be followed by other short visits or by a letter reconfirming the school's support and assistance.

A suicide is a painful experience for the survivors. Its effects may be felt for years, not only by the school staff and students but by the whole community. Parents of other students who are concerned about their own children may need reassurance. It may be necessary for the school administrators, counsellors and the CRT to meet with these parents, either individually or in small groups. It may also be necessary to arrange counselling for them.

A death by suicide is a great tragedy. Suicide prevention training programs are available throughout the province. If your school counsellor(s), school nurse(s) or other care givers are not trained, consider the possibility of this training as part of your crisis management plan. Someone's life may depend on it.

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AUTHORIZED RESOURCES

Alberta Education has authorized resources dealing with suicide prevention. Please refer to the Learning Resources Distributing Centre (LRDC) Buyers Guide, in the sections for Junior High Health and Personal Life Skills and the Career and Life Management 20 course for the latest resource listings.

As well, schools may order the following pamphlets from the LRDC:

Suicide Prevention and Coping: A Manual for Teachers, Counsellors and Administrators (1987)
Order #0XS00105 \$1.80

Understanding Depression and Suicide: Student Booklet (1987)
Order #1XF00056 \$1.75

Or, for more information, please contact your Alberta Education Regional Office or an Alberta Education Response Centre.

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COMMUNITY RESOURCES IN ALBERTA

The following are examples of services available in many communities at time of printing. Please check your local listings for services available in your community.

Family and Community Support Services

4720 - 48 Street

ATHABASCA

TOG OBO

Tel: 675-2623

Bonnyville Family and Community Support Services

Bag 1006

BONNYVILLE

T9N 2J7

Tel: 826-2120

Tri-Town (Grand Centre, Cold Lake, Medley) and Bonnyville

Pastoral Care Department

Bonnyville Hospital

5001 Lakeshore Drive

BONNYVILLE

T9N 2J7

Tel: 826-3311

Lakewood Family and Community Support Services

101, 311 - 10 Street

COLD LAKE

TOA 0V2

Tel: 639-3626

Alberta Health - Mental Health Regional Office

216 Hillhurst Professional Building

301 - 14 Street NW

CALGARY

T2N 2A4

Tel: 297-4520

Calgary Widowed Services and Family Bereavement Association

200, 707 - 10 Avenue SW

CALGARY

T2R 0B3

Tel: 233-2370

Catholic Family Services

250, 707 - 10 Avenue SW

CALGARY

T2R 0B3

Tel: 233-2360

Suicide Information and Education Centre

201, 1615 - 10 Avenue SW

CALGARY

T3C 0S7

Tel: 245-3900

Suicide Prevention Training Programs

201, 1615 - 10 Avenue SW

CALGARY

T3C 0S7

Tel: 245-3900

Canadian Mental Health Association

6208 - 48 Avenue

CAMROSE

T4V 0K4

Tel: 672-2570

Catholic Social Services

3, 4908 - 50 Street

CAMROSE

T4U 1P9

Tel: 672-1304

Alberta Health - Mental Health Regional Office

5th Floor
108 Street Building
9942 - 108 Street
EDMONTON
T5K 2J5

Tel: 427-4444

Bereavement Society of Alberta

501, 10506 Jasper Avenue
EDMONTON
T5J 2W9

Tel: 426-0434

Catholic Social Services

8155 - 99 Street
EDMONTON
T6E 3V3

Tel: 432-1137

Community Connections Society of Edmonton

10534 - 124 Street
EDMONTON
T5N 1S1

Tel: 482-4636

Family Services Association

201, 9912 - 106 Street
EDMONTON
T5K 1C5

Tel: 423-2831

LOSS

13308 - 91 Street
EDMONTON
T5E 3P8

Tel: 476-7035

On Our Own - YWCA

10305 - 100 Avenue
EDMONTON
T5J 3C8

Tel: 423-9922

Alberta Health - Mental Health Regional Office

9th Floor, Provincial Building
9915 Franklin Avenue
FORT MCMURRAY
T9H 2K4

Tel: 743-7450

Canadian Mental Health Association

204, 9912A Franklin Avenue
FORT MCMURRAY
T9H 2R7

Tel: 743-1053

Some Other Solutions

500, 208 Beacon Hill Drive
FORT MCMURRAY
T9H 2R1

Tel: 743-8605

Alberta Health - Mental Health Services

9521 - 108 Street
FORT SASKATCHEWAN
T8L 2J2

Tel: 998-5225

Family And Community Support Services

3208 Pine Plaza
GRANDE CACHE
T0E 0Y0

Tel: 827-2296

Canadian Mental Health Association

Grief Recovery Group

202, 10118 - 101 Avenue

GRANDE PRAIRIE

T8V 0Y2

Tel: 539-6660

Family and Community Support Services

9905 - 100 Street

GRANDE PRAIRIE

T8V 6V3

Tel: 538-0380

Native Counselling Services of Alberta

203, 10118 - 100 Avenue

GRANDE PRAIRIE

T8V 0V4

Tel: 532-9359

Family and Community Services

10016 - 103 Avenue

LAC LA BICHE

TOC 2A0

Tel: 623-4463

North Central Alberta Crisis Intervention Association

Box 2310

LAC LA BICHE

T0C 2A0

Tel: 623-7711

Alberta Health - Mental Health Regional Office

11th Floor, Lethbridge Centre

1101, 400 - 4 Street S

LETHBRIDGE

T1J 4E1

Tel: 382-4470

**Canadian Mental Health Association
Suicide Information Education Centre**
200, 505 - 7 Street S
LETHBRIDGE
T1J 2G8
Tel: 320-7432

Suicide Prevention Program
407, 2a Avenue N
LETHBRIDGE
T1H 0E6
Tel: 327-5724

**Vermilion River Area Family and Community
Support Services**
4419 - 52 Avenue
LLOYDMINSTER
T9V 0Y8
Tel: 875-9127

Canadian Mental Health Association
379 Aberdeen Street SE
MEDICINE HAT
T1A 0R5
Tel: 529-6011

Family Services Grief Group
209, 631 Prospect Drive SW
MEDICINE HAT
T1A 4C2
Tel: 529-8020

Alberta Health - Mental Health Regional Office
Room 303, Provincial Building
4920 - 51 Street
RED DEER
T4N 6K8
Tel: 340-5047

Canadian Mental Health Association

1, 5015 - 48 Street

RED DEER

T4N 3V2

Tel: 342-2266

Red Deer Catholic Social Services

6, 5015 - 48 Street

RED DEER

T4N 2A7

Tel: 346-3595

Red Deer Regional Hospital Centre

3942 - 50 Avenue

RED DEER

T4N 3Z4

Tel: 343-4444

Suicide Prevention Services

4935 - 51 Street

RED DEER

T4N 2A7

Tel: 342-9966

Support After Someone Suicides (SASS)

2, 5015 - 48 Street

RED DEER

T4N 3V2

Tel: 342-2266

APPENDICES

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APPENDIX 1 - SUICIDE PREVENTION

The greater part of a student's day is spent in a school environment. As a result, teachers, school guidance counsellors, school nurses and other care givers are often more able to recognize characteristics indicating that an individual is in need of intervention.

Note: A key indicator is sudden change in the individual's behavior.

Other characteristics include:

Behavioral:

- declining change in academic performance;
- lack of concentration or interest;
- anger and frustration;
- withdrawal;
- disruptive behavior;
- attendance and disciplinary problems;
- making a will;
- giving away possessions; and,
- talking and writing about death or suicide.

Physical:

- chronic aches and pains;
- uncharacteristic dress changes;
- neglected appearance;
- sudden weight increase or loss; and,
- changes in appetite.

Verbal:

- I wish I were dead;
- Nobody really cares;
- Everyone would be better off without me;
- Nothing matters anymore;
- No one can help me; and,
- I just cause problems for everyone.

Factors that may lead to suicide include:

- depression;
- drug or alcohol abuse;
- family problems, such as death, divorce, abuse;
- attempted suicide or mental illness in the family;
- history of psychiatric or emotional disorders;
- family, school or peer stress;
- sense of powerlessness; and
- poor problem-solving techniques.

Further information about suicide prevention is available in the booklet *Understanding Depression and Suicide*, published and distributed by Alberta Education, and in *Youth Suicide Awareness Presenters Handbook*, published and distributed by the Suicide Information and Education Centre.

APPENDIX 2 - SAMPLE STAFF MEMO

Last night, John Black's parents found him unconscious in his mother's car in the garage. He was rushed to the hospital with carbon monoxide poisoning where he died at 10 o'clock this morning. He never regained consciousness.

As the cracks around the garage door and windows had been sealed with paper, the police have ruled out accidental death and believe that his death was a suicide.

We do not know why John chose to kill himself. Perhaps he was not aware that there were other ways to solve his problems. The harsh fact of suicide is that it is irreversible.

We all knew John and we will miss him.

Funeral arrangements have not yet been made but those of you wishing to attend the funeral will be excused from classes if necessary.

Mrs. Smith, the school secretary, has placed a box in the outer office for letters of condolence to the family. Mrs. Smith will arrange to have them delivered.

APPENDIX 3 - SAMPLE STUDENT STATEMENT

Last night, John Black's parents found him unconscious in the garage. He was rushed to hospital but I'm sorry to have to tell you he died this morning without regaining consciousness.

The police believe his death was suicide. We do not know why John chose to kill himself. Perhaps he was not aware that there were other ways to solve his problems. The harsh fact of suicide is that it is irreversible.

We all knew John and we will miss him. Many of you who were close to John may be more affected by his death than others. Let's all respect each other's response to this tragedy.

At this time I have no information about funeral arrangements but those of you who wish to attend will be excused from classes if necessary.

There is a box in the school office for letters of condolence. Mrs. Smith, the school secretary, will arrange to have them delivered. You are, of course, free to mail yours to John's family if you prefer.

This is a sad time for all of us. Let's take a few minutes to collect our thoughts, then talk about what has happened and how we feel about John's death.

APPENDIX 4 - SAMPLE MEDIA RELEASE

It is with great sadness that the staff and students of Peter Perkins Composite High School have learned today of the death of one of our students, John Black.

John came to the school three years ago and was a student in the Grade 12 graduating class and a member of the track and field team. He was a conscientious student who worked hard.

Our heartfelt sympathies go out to his parents and the other members of his family at this time. He was a fine young man and will be greatly missed.

APPENDIX 5 - MEMORIAL SERVICE

A school memorial service is not a substitute for an actual funeral service. It is a gathering that gives the school the opportunity to accept and to grieve the loss of one its members, to remember the time shared together, to say "goodbye" to the deceased and to affirm the continuation of life for the survivors.

The service should be short and simple. Avoid glorification of the deceased. This is particularly important in the case of suicide.

Hold the memorial service at a time that is likely to cause the least disruption in routine school activities, e.g., before classes begin in the morning or immediately after lunch.

Discuss memorial service plans with the deceased's family. Invite family members to attend.

Encourage family and peer group members to participate in memorial service plans and, possibly, in the service itself. They may know of a favourite hymn, psalm, song, piece of music, or biblical or secular passage that would be appropriate for the service. It may be appropriate for a peer group member or a teacher to read the eulogy.

Be aware of the deceased's religious affiliation. If necessary, discuss the service format with the deceased's pastor, priest or religious leader.

Make separate arrangements for students not wishing to attend the service.

APPENDIX 6 - PLANNING A MEMORIAL SERVICE

1. Form memorial service committee of staff, students and family.
2. Decide day, time and location.
3. Decide format in consultation with the family.
4. Choose music, hymns.
5. Will there be any special tribute e.g., duet by close friends, reading of favourite poem? Who will present?
6. Who will write/read the eulogy?
7. Who is responsible for seating arrangements, floral arrangements?
8. Who will arrange for typing of order of service and photocopying?

APPENDIX 7 - SAMPLE MEMORIAL SERVICE

Order of Service

Hymn or Song

Opening remarks - acknowledging reason for the service

Prayer for the deceased

Reading from scriptures or other literature

Special presentation (if any)

Eulogy - remembering deceased, recognizing sadness at the loss

Two minutes silence for personal reflections, prayers

Concluding comments

Closing hymn or song

**Note: Format may vary according to the community.
Please consult with the family regarding their wishes.**

APPENDIX 8 - CLASSROOM AGENDA A

1. Explain all known facts.

- If necessary, discuss rumor and speculation and clarify students' perceptions.
- Don't evade any questions. Children's imaginations will build in unexplained details. If you don't know the answer to a question, say you don't know and that you will try to find out - and do so. Answer questions in as non-threatening a way as possible.
- Create an atmosphere in your classroom where asking questions is acceptable.
- Communicate family wishes if known.

2. Student-teacher interaction.

- Students may suffer more from exclusion than from the loss itself. Identify the range of individual expressions of grief, e.g., crying, verbal response, non-communicative grief, hugging, expressions of anger, questioning, sullenness, denial, indecision, physiological irregularities, withdrawal.
- Affirm the range of grief expressions noted in the classroom as "normal."
- Allow yourself to express your own grief with your students. You may find this easier if you have reflected on your own previous experiences with death.

The following questions may assist your reflective process and help you with your students:

- What is the first death you remember?
- What feelings did you have about that loss?
- Where were you? How did you behave?
- Who supported you?
- What messages about death did you get from your mother? your father?
- Who (what) influenced you most in the view of death you hold today?
- What feelings do you have right now?

3. Share the following "grieving tasks" with your students:
 - Accept the reality, help students actualize the loss.
 - Experience the pain, help students identify and experience their feelings.
 - Adjust the environment: help students recognize that change has occurred and is permanent; explain to your students that there is no time limit to grieving.
 - Reinvest the energy: affirm students' pain; help them identify possibilities for growth arising from the loss.
4. Ask the students what they would like to do to acknowledge the life of the deceased and what they would like to do for the family. Remind them to respect the wishes of the family.
5. Inform the students of the purpose and the location of the Crisis Centre.
6. Identify and monitor students who appear to have difficulty coping with the death. Refer them to counsellors if necessary.

APPENDIX 9 - CLASSROOM AGENDA B

Note: Teachers may wish to begin and/or end with a prayer or period of silence for the deceased. Care must be taken, however, not to glorify or condemn the suicide.

1. Explain all the known facts.
 - Address any rumors or speculations. When discussing suicide, refer to "complete" or "incomplete." Words such as "successful" or "unsuccessful" are inappropriate. Advise the students of the family's wishes with respect to behavior toward the deceased.
2. Address the suicide.
 - Focus on the tragedy of suicide, the loss of life, the sadness that the deceased was seemingly unaware of other options available to people in distress. Talk about choosing life and learning to cope with problems. Emphasize the finality of death. It is irreversible. Discuss the importance of trusting others and sharing problems.
3. Student-teacher interaction.
 - Allow students to express their feelings and thoughts about suicide. Refer to Agenda A for guidelines.
4. State that there is no set pattern or timeline for grieving.
5. Inform the students of the purpose and location of the Crisis Centre.
6. Identify and monitor students who appear to have difficulty coping. Refer these individuals to the counsellors if necessary.

